

Patient Authorization for Release of Surgical Pathology Slide(s) & Report IO-F-1

Department of Clinical Laboratories
The Ohio State University Wexner Medical Center

DEPARTMENT OF SURGICAL PATHOLOGY

PATIENT AUTHORIZATION FOR RELEASE OF
SURGICAL PATHOLOGY SLIDE(s) & REPORT
IO-F1

University Hospital
410 West 10th Avenue
Columbus, OH 43210-1228
Phone: (614) 293-5905
Fax: (614) 293-4715

The James Cancer Hospital and
Solove Research Institute
460 West 10th Avenue
Columbus, OH 43210-1228
Phone: (614) 293-8657

Ohio State East Hospital
1492 East Broad Street
Columbus, OH 43205
(614) 257-3191

Medical Record Number: _____
For Office Use Only

PATIENT INFORMATION SECTION:

Patient's Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ Telephone Number: _____

I authorize the Ohio State University Medical Center, Department of Surgical Pathology to release OSUMC Pathology slides/report to:

Facility / Hospital Name: _____

Facility Address: _____
(Provide the Pathology Department's address of the receiving facility)

Telephone _____ FAX: _____

Purpose of Disclosure: _____

The OSUMC date(s) of service for the procedure of which you are seeking consultation; or the OSU case #: _____

☐ unstained slides are being requested; quantity: _____

Effective April 19, 2010; OSUMC Pathology Department will no longer release original or recut slides to patients or their representative. All OSUMC Pathology cases (slides & reports) will ship directly to another Pathology Department or reviewing Pathologist, via overnight courier.

I hereby authorize OSUMC Pathology and its employees to release the designated information and/or slide(s). I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol and/or drug abuse, and/or AIDS (Acquired Immunodeficiency Syndrome), and/or may include results of an HIV test or the fact that an HIV test was performed. A separate authorization is required for the release of psychotherapy notes. I expressly consent to the release of information designated above. This authorization is valid for 60 days, unless revoked by my written notice, provided said notice is received prior to release of the above designated information. **The revocation of this authorization is effective except as indicated in Ohio State University Health System's Notice of Privacy Practices. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA.** I understand the Ohio State University Medical Center cannot condition my treatment or payment for health care on the Authorization unless the treatment is research-related or the care was provided solely to provide information for a third party.

X _____
Signature of Patient or Person Authorized to Consent (Power of Attorney Proof Required) _____ Date Signed _____

X _____
Relationship, if not the patient _____

X _____
Witness (Optional) _____ Date Signed _____

For records covered by 42 CFR Part 2: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

If you have questions regarding release of information from University Hospitals (including OSU & Harding Behavioral Health, University, Clinic, and Dodd Hall) or Arthur G. James Cancer Hospital and Richard J. Solove Research Institute call (614) 293-8657. If you have questions regarding release of information from University Hospitals East call (614) 257-3191. If you have questions regarding copy fees, contact ChartOne Customer Service at 1-800-521-COPY (2679)